

MORSE PTO CHECK REQUEST

Date: _____

Make Check Payable to: _____

For the Amount of: \$ _____

Requested By: _____

Home Phone: _____ Email address: _____

Committee/Event/Reason: _____

Items Purchased: _____

Receipts Attached: Yes No (copies ok)

Your check will be returned to you via your child's backpack

Child's Name: _____

Teacher: _____

- Be sure to work with your Committee Chairperson or Room Mom to ensure your event is within budget.
- Only the PTO Executive Committee can approve any exceptions to the budget.
- If you have questions about the budget for your event please contact the chairperson or Treasurer: morseptobvtreasurer@gmail.com

Check # _____
Check Date: _____
Check Amount: _____